Waiting for Cardiac Surgery

A GUIDE FOR PATIENTS AND FAMILIES
PLEASE BRING THIS BOOKLET WITH YOU TO THE HEART INSTITUTE

Patient Name: ________________________________________________________________

If you have any change in your symptoms or other concerns while you are waiting for surgery, call the regional cardiac care coordinator at 613-696-7062 between 8:00 a.m. and 4:00 p.m. After-hours and after your surgery, please call the 24-hour number below.

Surgical Nursing Coordinator: 613-696-7000, press 0 and ask for the surgical nursing coordinator (24-hour number)
The coordinator is available before, during and after your stay at the Heart Institute in the event you have questions or concerns.

<table>
<thead>
<tr>
<th>Contact Person (relative, friend)</th>
<th>Name ________________________________________________________________</th>
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<tr>
<td></td>
<td>Phone Number (Home) ______________________________________________</td>
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<td>Phone Number (Cell) ______________________________________________</td>
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<td>Surgeon</td>
<td>Name ____________________________________________________________</td>
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<td>Family Doctor</td>
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<td>Pharmacy</td>
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<td>Cardiologist</td>
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PATIENT RESPONSIBILITY CHECKLIST

The following checklist will help you prepare for admission:

☐ Identify one family member or support individual to act as your contact person while you are at the Heart Institute. This person will be contacted after surgery at pre-arranged times and in the event of an emergency. All family members should know who the contact person is and should call that person for progress information.

☐ Arrange for a ride home from the hospital. You will not be able to drive for four to six weeks after the surgery.

☐ Arrange for someone to stay with you for the first week or two after you return home following surgery. If you need assistance to arrange convalescent care, please contact the surgical social worker at 613-696-7389 as soon as possible.

☐ You will be told which medications to take the morning of your surgery. You may take them with a small sip of water.

☐ Do not bring any valuables (including jewelry). The Heart Institute is not responsible for loss or damage of such items.

☐ Bring all your medications in their original pharmacy containers or blister packs. Complete the medication list in Appendix 1.

☐ You will not need any personal belongings until you are transferred to the ward after your stay in the Cardiac Surgery Intensive Care Unit (CSICU). Your family can bring them to you then.

☐ Remove nail polish and do not apply make-up.

☐ Do not use any scented skin products.
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OVERVIEW

The purpose of this guide is to help you prepare for admission to the University of Ottawa Heart Institute. This information is for you to read once you have been placed on the surgery waiting list.

What You Should Do While Waiting for Surgery

Waiting for surgery can be a difficult time. It is normal to worry and feel stressed. Talk to other people who have had heart surgery and share your concerns with them. Recognize if you need more help and talk to your doctor.

If your condition changes, notify the regional cardiac care coordinator at the Heart Institute at 613-696-7062.

Make a detailed list of all your medications (see p.23).

Do not change, stop or add any medications without first discussing it with your family physician or specialist.

Start planning now for your recovery at home.

IMPORTANT

Please bring this booklet to your doctor’s appointments.
LEARN ABOUT YOUR HEART SURGERY

About the Heart

THE HEART

The Heart is a fist-sized muscle that is located in the centre of the chest, between your lungs. It works as a pump to move blood throughout your circulatory system. Blood delivers oxygen and nutrients to, and removes waste from, all the cells in your body.

HEART VALVES

The heart contains four chambers and four one-way valves. The two upper chambers are called the atria. The two lower chambers are called ventricles.

The four one-way valves keep blood flowing in one direction through each chamber as the heart pumps. The valves open to let blood flow through and then close to prevent blood from flowing back.
THE CORONARY ARTERIES

Coronary arteries supply oxygen and nutrient-rich blood to the heart muscle itself.

There is a right and left coronary artery. The left coronary artery divides further into the left anterior descending artery and the circumflex artery.

CORONARY ARTERY DISEASE

Coronary artery disease occurs when the coronary arteries become narrowed with deposits of fat and cholesterol. This can either decrease or completely stop the blood supply to part of the heart. The result can be angina or a heart attack.
Coronary Artery Bypass Graft Surgery

A test called an angiogram is used to determine the need for this surgery. Bypass surgery improves blood flow to the heart. It is called “bypass” because arteries or veins are taken from another part of your body and used to create new routes around (bypassing) narrowed and blocked arteries. In most situations, more than one artery or vein will be used.

The bypass may be done with:
- An artery from your chest wall (internal thoracic or internal mammary artery)
- Part of a vein from your leg (saphenous vein)
- An artery from your arm (radial artery)

After the bypass is done, blood can flow through the new artery and around the blocked coronary artery to deliver oxygen and nutrients to your heart muscle.

This may eliminate or reduce your chest pain (angina), increase your ability to be physically active, help to improve your quality of life and in some patients, prolong life. Your surgeon will decide on the exact number of coronary arteries to be bypassed during your operation.

**BYPASS SURGICAL INCISION**

An incision is made through the patient’s chest and breastbone to allow access to the heart. Some patients may undergo minimally invasive coronary bypass surgery via a smaller incision between the ribs. This surgery is called single- or multi-vessel small thoracotomy (SVST or MVST). You may have small incisions in your leg if veins are used for bypass and/or an incision in your arm if a radial artery is taken for a bypass.
Heart Valve Surgery

The main job of heart valves is to make sure blood flows in the right direction as it is pumped through the heart. Each valve has either two or three leaflets that open and close with the flow of blood. When you have a valve problem, the blood flow becomes disrupted and your heart can get enlarged, leading to problems with heart failure. Problems with heart valves include not opening properly (stenosis) because it has become thickened and stiff or not closing properly (regurgitation or insufficiency) because it is weak or torn.

The heart valves that most often require surgery are the mitral valve, aortic valve and the tricuspid valve.

Heart valves may develop problems when:
- They are not formed normally at birth
- They become damaged or scarred from diseases such as rheumatic fever or other bacterial infections
- They become weakened or hardened through the normal wear and tear of age

Heart valve surgery is required when:
- The valve cannot maintain the regular flow of blood through the heart
- The heart begins to enlarge and not work properly
- Symptoms of shortness of breath, dizziness and fatigue increase

Heart valve surgery may involve:
- Repairing the valve leaflets to allow the valve to open and close properly
- Inserting a supporting ring to support the valve leaflets
- Removing the valve and replacing it with a tissue or mechanical valve

TISSUE VALVES

Tissue valves are chemically treated or engineered animal valves that are very similar to natural heart valves. They usually do not require you to be on blood thinner medication for the long term. However, they are not as durable as mechanical valves and may deteriorate over time and need to be replaced.

MECHANICAL VALVES

Mechanical valves are made of durable metals, carbon, ceramics and plastics. They are longer lasting than tissue valves but require that you take an anticoagulant (blood thinner) medication for the rest of your life and have frequent blood tests to check the effectiveness of the drug. Your surgeon will discuss options with you. In some cases, a repair may not be possible and the valve will need to be replaced.
Combined Valve and Bypass Surgery

In some instances, a patient may need both valve surgery and coronary artery bypass surgery at the same time. Your physician will discuss this with you.

Aortic Surgery

The aorta is the largest blood vessel in your body. Its main job is to pump blood from the heart to all of the organs. If the aorta becomes enlarged or dilated, surgery is performed to replace this enlarged section.

A tube or graft made of a polyester material replaces the aorta. Occasionally, the aortic valve is repaired or replaced during the same operation. Your surgeon will discuss this with you before the surgery.

Continuous monitoring is very important for patients with aortic diseases. This will be arranged through the Aortic Clinic.

Pre-operative Preparation

Preparation for aortic surgery is the same as for bypass or valve surgery.

The Surgical Incision

An incision is made through the patient’s breastbone to allow access to the heart.
PREPARING FOR YOUR HEART SURGERY

Read the information in this guide and share it with your family. Make a list of questions to ask your doctor.

For more information on procedures, cardiac conditions and patient information, visit www.ottawaheart.ca/for-patients-family.htm.

START MAKING HEALTHY LIFESTYLE CHOICES

Healthy lifestyle changes don’t have to wait until after your surgery. Here are a number of things you can do to prepare:

<table>
<thead>
<tr>
<th>If you smoke, quit! It is one of the most important things you can do while waiting for surgery.</th>
<th>Call the Heart Institute’s Quit Smoking Program at 613-696-7069.</th>
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<tbody>
<tr>
<td>Follow a heart healthy eating plan.</td>
<td>Attend the Heart Institute nutrition workshops; call 613-696-7000, ext. 19641.</td>
</tr>
<tr>
<td>If you have high blood pressure, keep track of your blood pressure readings.</td>
<td>Take your blood pressure medication as prescribed by your doctor.</td>
</tr>
<tr>
<td>If you have high cholesterol, make sure you take your cholesterol medication as prescribed by your doctor.</td>
<td>Know your cholesterol levels.</td>
</tr>
<tr>
<td>If you have diabetes, take your diabetes medication as prescribed by your doctor.</td>
<td>Keep track of your blood sugar.</td>
</tr>
<tr>
<td>Reduce stress as much as possible.</td>
<td>Identify the greatest sources of stress in your life and start planning ways to deal with them.</td>
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HEALTHY EATING WHILE YOU ARE WAITING FOR SURGERY

Good nutrition before your surgery is important and may help you recover and heal more quickly after your surgery. It is important to make sure that your body is getting the right nutrition at this time. Here are some tips that will help you eat well before your surgery. For more healthy eating tips see the “Top 10 tips for healthy eating” in Appendix 2. To see the schedule of nutrition classes offered at UOHI, please visit ottawaheart.ca.

- Eat at regular times: Eat breakfast within 1 to 2 hours after waking up. Don’t wait too long between your meals. It’s harder to make healthy choices when you’re hungry.
• Plan healthy snacks: Try whole-grain crackers and peanut butter or hummus, a piece of fruit and a few unsalted nuts, or frozen berries and plain Greek yogurt.

• Include protein sources in every meal and snack: Try nut butters on your toast, add canned fish to your salads or chicken to your soups. Cook more meat than you need and freeze the extra. The meat is ready to reheat and add to dishes when you need it.

• Have easy-to-prepare meals and snacks on hand for when you don’t feel like cooking, such as granola bars, nuts, seeds, trail mix, or cheese and crackers. You might want to use a service like Meals on Wheels or ask friends and family to help you with groceries and making meals.

• Don’t be afraid of fat: You need fat for good health, and it adds flavour to your cooking. Use plant-based fats such as olive or canola oil.

If your appetite is poor while you are waiting for your surgery or you notice that you are losing weight without trying to, tell your physician. They can refer you to the outpatient registered dietitian in Cardiac Rehab at the University of Ottawa Heart Institute.

WHAT TO DO IF YOUR SYMPTOMS CHANGE

Notify your doctor or the regional cardiac care coordinator if you have more episodes of chest pain or problems with breathing.

The regional cardiac care coordinator:

• Is part of the surgical team at the Heart Institute
• Is the person you can call if your condition changes
• Can be reached from 8:00 a.m. to 4:00 p.m. at 613-696-7062
• Is covered during off-hours by the Nursing Coordinator — call 613-696-7000, press 0 and ask for the Nursing Coordinator

IMPORTANT

If your condition suddenly gets worse, call 9-1-1 or go to the nearest emergency department.

PREPARATIONS FOR COMING TO THE HOSPITAL

Before you are admitted, make arrangements for:

• The items on the Patient Responsibility Checklist, at the beginning of this book.
• Someone to manage your personal affairs, if you do not have a spouse or partner to do so. Arranging your power of attorney (POA) is recommended if you do not have a partner or spouse. More information can be found here: http://www.attorneygeneral.jus.gov.on.ca/english/family/pgt/poakit.asp.
• Time off work. If you work outside the home, arrange to be off work for about three months (for procedures that are minimally invasive, check with your surgeon). Confirm your sick leave benefits, including employment insurance or social assistance while not working.
Managing Your Medications

**IMPORTANT**

*Do not* change, stop or add any medication without first discussing it with your doctor.

Take only the medications prescribed to you on discharge.

Keeping an updated list of your medications and following the steps below will help you improve communication with your health care team and reduce the risk of complications.

**MAKE A DETAILED LIST OF YOUR CURRENT MEDICATIONS**

You can use the medication list provided in this guide (see Appendix 1) to help you track your medications. You will need this list during your appointment at the Pre-Admission Unit and when you are admitted for your surgery.

List all of your medications on the form provided, including:

- Prescription medications that you take regularly
- Prescription medications that you take only as needed, such as nitroglycerin or pain medications
- Any herbal medication, such as ginseng or gingko biloba
- Other medications, such as vitamins, laxatives, aspirin or Tylenol®

Keep this form up to date. Ask your nurse, doctor or pharmacist if you need help to complete each section. Keep it with you at all times and bring it to all your appointments so that medical professionals are aware of the medications you are taking.

When you are discharged from the hospital, some of your medications may be changed. Your nurse will review your prescriptions with you. Make sure you understand all of the changes, and be sure to ask questions if you don’t understand.

When you fill your prescriptions, review the list with your pharmacist to make sure that nothing has been missed or duplicated.
Wait Times for Surgery

The Province of Ontario uses a waiting list management strategy to make sure people get their surgery at the right time.

The strategy includes:

- A system that keeps track of all wait times for heart surgery in Ontario
- Information about your specific condition, to make sure you get your surgery at the right time
- An opportunity to call the Regional Cardiac Care Coordinator between 8:00 a.m. and 4:00 p.m. at 613-696-7062 if you have questions about the wait time.
- A website to monitor provincial wait times: www.health.gov.on.ca/transformation/wait_times/wt_understanding.html

Pre-Admission Unit (PAU)

Once you have a date for your surgery, you may be scheduled to visit the Pre-Admission Unit (PAU).

Appointment Date: _____________________________ Time: __________

To get to the PAU, take the elevator up one floor from the main lobby of the Heart Institute and check in at the reception.

For your appointment, please bring:

☐ This guide
☐ An up-to-date list of your medications. A blank form is provided for you in Appendix 1.
☐ Your medication bottles, safely packed in a labelled bag or case
☐ Your provincial health insurance card and proof of any other health insurance
☐ Any documents or information from your doctor
☐ Your reading glasses
☐ A family member or friend who can help you by taking notes or asking questions
☐ Any walking aids that you regularly use. This will help with planning your care after surgery.
☐ If you speak a language other than English or French, please bring someone who can translate for you.

The Purpose of Your Appointment at the PAU

At your appointment, you will have a physical exam and medical history taken by a nurse. You will also be assessed by the anaesthesiologist.

This appointment will give you information about preparing for surgery and what to expect immediately after surgery. It will also help plan your discharge from the Heart Institute and your recovery at home. Come to the appointment with any questions or concerns that you may have.
At Your PAU Appointment

Expect to be at the Heart Institute for about 2½ hours. Some of your blood and urine tests may be repeated, and you may be referred to other health care professionals such as a social worker or physiotherapist, depending on your specific situation.

What to Bring on the Day of Your Admission

When you are admitted, please bring the following:

☐ Your updated list of medications OR your medication bottles safely packed in a labelled bag for review during your admission

☐ The contact information for your designated contact person with whom we can share your information

☐ Your provincial health insurance card and proof of any other health insurance

Prepare for your surgery by:

☐ Removing any make-up, nail polish or perfumed skin products

☐ Leaving all your valuables at home

When you go to surgery, your family will be asked to take home all your belongings, including the bag of medications you brought with you.

Once you have been transferred out of the Cardiac Surgical Intensive Care Unit (CSICU), your family can bring you your housecoat, shoes, walking aid and personal items that you usually use.

Wearing a Bra

Some women are uncomfortable because the weight of their breasts seems to pull at the chest incision. In this case, wearing a bra may decrease the discomfort. Other women find wearing a bra uncomfortable because of the breastbone incision. Putting gauze over the incision where it comes in contact with your bra may help. Wearing a cotton sports bra may be more comfortable. Front closing bras are easier to put on. Wearing a bra one size larger may also be more comfortable for you. Another alternative is buying a bra extender so that you will be more comfortable.
WHAT TO EXPECT WHILE AT THE HEART INSTITUTE

KEY MESSAGES

- Your family/designated contact person will be updated by the surgeon after your surgery is complete.
- After surgery, you will stay in the Cardiac Surgery Intensive Care Unit (CSICU). Once your condition improves, you will be transferred to a nursing ward (H3 or H4).
- Visitors must check in with the volunteers at the front desk to visit you in the CSICU.

Although every patient’s situation is unique, the information below will give you a general idea of what you can expect throughout your admission and surgery at the Heart Institute.

Information for your family members and contact person is also included in this section so they know what to expect as well.

Some patients are admitted for surgery on the day of their operation because they have been assessed in the Pre-Admission Unit the week before. Other patients are admitted to the Heart Institute a day or two before the operation. Either way, the preparation is the same.

The Evening Before Surgery

You may:
- Receive visits from your surgeon, a resident, the anesthesiologist and the nursing coordinator
- Have additional diagnostic tests if not already completed
- Shower with an antiseptic soap
- Not eat or drink after midnight
- Rinse your mouth with an antiseptic mouthwash

On the Day of Your Surgery

What You Can Expect
- Removal of hair on your chest, groin and legs with a clipper
- Another shower with an antiseptic soap
- Medicine to help you relax before you go to the operating room
- Rinse your mouth with an antiseptic mouthwash
- After you arrive in the operating room, two intravenous lines will be started. You will be asleep shortly after this.
What Your Family and Contact Person Can Expect

Your family members and designated contact person can stay with you before you go to the operating room.

Once you leave to go to the operating room, your family or designated contact will be expected to remove all your belongings from your room. You will stay in the intensive care unit at least overnight.

During your operation, your family and your contact person are welcome to wait in the Family Lounge on the main floor. Please check in with the volunteers at the front desk. Your family or designated contact will be responsible for keeping your other family members informed of your progress.

Anesthesia

Medications

Like all surgery involving general anesthesia, you will be instructed not to eat or drink anything after midnight before your surgery. The anesthesiologist will review your current medications and inform you or your nurse as to which ones you should take with a small sip of water on the morning of your surgery.

Before you go to the operating room, you will receive medicines to help you relax and make you feel sleepy.

When you arrive in the operating room, you will meet several nursing and technical support staff in addition to your anesthesiologist. If you have any concerns about pain, angina, difficulty breathing, nausea or anxiety, please share these concerns with your anesthesiologist.

Intravenous Anesthesia

Before putting you to sleep, the anesthesiologist will insert several intravenous lines when you arrive in the operating room.

Breathing Tube and Machine

After you are asleep, you will be connected to a breathing machine (ventilator) by a breathing tube placed in your mouth and down your trachea (windpipe).

Your anesthesiologist will take great care in inserting the breathing tube in your mouth. However, you should be aware that in extremely rare cases some minor chipping or grinding of upper teeth may occur. This is why we ask about dental caps, dentures or loose teeth.

Blood Products

The heart-lung machine has a tendency to damage red blood cells, clotting cells and clotting proteins. If this happens, you may require blood products from Canadian Blood Services. The current risk of contracting AIDS, HIV or hepatitis is very small. These blood products are given only when necessary and when the benefits outweigh the risks. You will be told before you go home whether you received these blood products. The blood bank leaves a card on your chart for your records.

Should you have any further questions regarding anesthesia, please ask your nurse to have the anesthesiologist come and speak with you.
**After Your Surgery**

After your operation, three pre-arranged contacts are made:

- The **surgeon** will see your designated contact person, if they are waiting in the Family Lounge at the Heart Institute, or phone them after the surgery. Unless you have been told otherwise, the operation takes four to six hours. One hour after your contact person has spoken to the surgeon, they may go see you in the Cardiac Surgery Intensive Care Unit.

- The **nurse** will phone your designated contact person between *9:00 p.m. and 10:30 p.m.* the evening of surgery to give a progress report and again the morning after your surgery between *9:00 a.m. and 10:30 a.m.* At that time, the nurse may be able to tell you about the plans for the day, for example, whether you will stay in the CSICU or be transferred to a nursing ward.

**In the Cardiac Surgery Intensive Care Unit**

After the surgery, you will be taken to the Cardiac Surgery Intensive Care Unit (CSICU). Typically patients stay in this unit overnight, but some patients may need to stay longer.

While in the CSICU, you can expect to have:

- A breathing tube in your mouth that is connected to a breathing machine (ventilator). You will not be able to talk until this tube is removed. Once you are awake, able to follow directions and breathing well enough on your own, the tube will be removed. There will be a nurse with you one-on-one until this tube is removed.
- Special monitoring equipment and intravenous lines
- A tube in one of your nostrils which goes into the stomach to keep it empty
- A tube in your bladder to drain urine
- Drainage tubes below your incision
- Temporary pacemaker wires

Once the breathing tube is removed, you will:

- Receive oxygen by mask
- Start deep breathing and coughing exercises and leg exercises
- Gradually start drinking fluids starting with ice chips

Your nurse will continue to give you pain medicine regularly. Let the nurse know if you are uncomfortable.

**For Visitors to the CSICU**

Visitors should check with the volunteers at the front desk in the main lobby (Ruskin St. entrance). The volunteers will call the CSICU to arrange the visit. Your visitors must follow this procedure each time they wish to visit.

Your visitors may be asked to wait at times while care is being given to you. They may see you for short periods of time (two people at a time). No children, please.
Before entering, visitors must use the hand washing gel. Any family members that are sick should stay at home. Heart surgery patients are especially susceptible to infection.

There is no visiting between 6:45 a.m. and 7:45 a.m. and between 6:45 p.m. and 7:45 p.m., while the nurses are giving patient reports at the change of shift.

**IMPORTANT**
To protect your health, your family members cannot visit you if they have a cold, fever, diarrhea, cough or any other sign of infection.

**Recovery on the Nursing Ward**

You will be transferred to the nursing ward when you are awake and stable. This typically occurs the day after surgery. On the nursing ward, you will begin to return to your normal physical activities. For a short period, you may receive oxygen by mask or nasal prong as needed.

During your recovery time, we will concentrate on teaching you all the skills needed to help you prepare for recovery at home. Also, we will work with you on walking properly, deep breathing and coughing exercises. You will progress with your diet gradually. If you feel nauseated, let your nurse know. The monitoring equipment, drainage tubes and some intravenous tubes will be removed as you progress through your recovery.

You will notice a whiteboard on the wall in your room for each patient. This will have information about your nurse, your physician, and your progress. You and your family should feel free to read the board and ask questions if necessary. You may also make notes on the board so you remember to ask questions.

It is important to take your pain medication regularly during this time so that you will be comfortable while doing recovery activities. Make sure you let the nurse know if you are uncomfortable.

Before your discharge, you and your family should attend a discharge class, which will prepare you for going home. The class times for all Heart Institute education programs are posted in each room.

If you have any concerns about going home after your surgery, ask your nurse to refer you to a social worker. They can help you with:

- Home-based physiotherapy or nursing requirements
- Community resource information
- Coordinating any community care that you may need upon discharge
- Drug-related costs
- Any other concerns you may have with respect to going home
For Visitors to the Nursing Wards (H3 and H4)

**Visiting Hours:** 10:00 a.m. to 1:00 p.m. and 2:00 p.m. to 8:00 p.m.

**Rest Period:** 1:00 p.m. to 2:00 p.m.

*Please do not visit during the rest period.*

After surgery, patients are very tired, and finding times to rest during the day can be difficult. The rest time from 1:00 p.m. to 2:00 p.m. is very important to help in their recovery. **We ask that you not visit during this time.**

Only two visitors at a time at bedside. Family members who are ill should stay at home.

**Perioperative Physiotherapy**

The primary role of physiotherapy is to help you regain your strength and return to your normal level of activity after your surgery. Exercise will help prevent common problems resulting from general anesthetic and prolonged bed rest, including muscle weakness and joint stiffness. More serious medical issues include blood clots and lung infection.

Exercise will also promote a feeling of well-being and encourage you to add regular exercise to your daily life. It is necessary that you take an active role in your recovery.

**Deep Breathing Exercises**

It is important to take deep breaths after surgery to get air into the bottom of the lungs. This will help prevent lung collapse and pneumonia.

Take a deep breath in through your nose until you cannot take in any more air. Purse your lips and slowly blow out through your mouth (as if blowing out a candle). Your stomach should rise as you breathe in and fall as you breathe out. Repeat for a total of ten deep breaths per hour.

**Coughing**

Coughing helps to clear phlegm from your lungs and will help to prevent lung infections. It is common after surgery to have extra phlegm in your lungs, especially for the first few days.

When you cough, hold your pillow (“teddy”) firmly against your chest. Take a deep breath in and cough out. You should cough two to three times every hour that you are awake. Your “teddy” helps to support your incision and lessen the discomfort you may have when coughing.
**Bed Mobility**

For the first few days, you will be helped out of bed. Because of the incision in your breastbone, you will need to learn a special way to get out of bed and up and down out of a chair. Until you are comfortable with the technique, your nurse or physiotherapist will practise this with you each time.

Bend your hips and knees and hold onto your “teddy.” Roll onto your side.

Let your legs fall over the side of the bed, pull with your legs and push with your elbow to help you come to a sitting position.

While in bed, it is important to change your position every one to two hours (for example, lying on your right or left side).
MOBILITY EXERCISES

The following exercises help to prevent muscle and joint stiffness and increase your activity level. They also promote circulation, prevent blood clots and reduce swelling.

**Breathing Exercises**

Straighten one arm and raise it up over your head while breathing in. Lower it slowly while breathing out. Repeat five times then repeat with the other arm, three times a day.

**Leg Exercises**

Gently bring one knee up towards your chest as far as you can, and then return to starting position. Tighten the muscle on top of your thigh and straighten out your knee. Repeat five times with each leg, three times a day.

**Ankle Exercises**

Point your toes down as far as you can, then bring your toes up towards you. Make circles with your ankles in both directions. Repeat these exercises ten times every hour that you are awake.

**Activity**

Your activity level will be gradually increased during your stay. The day after your surgery, if you are able, you will sit in a chair and begin walking in the hallway with assistance. Before you go home, you will be able to walk around the ward and climb stairs if you are required to climb them to get into your house or up to your bed.

You will be given specific guidelines for exercise and activity at home, as well as information about cardiac rehabilitation.
APPENDIX 1: MEDICATION LIST

List all prescription medications that you are currently taking and over-the-counter (non-prescription) medications, such as vitamins, aspirin, Tylenol® and herbals (such as ginseng, gingko biloba, and St. John’s Wort).

Include prescription medications taken as needed (such as nitroglycerin).

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APPENDIX 1: TOP 10 TIPS FOR HEALTHY EATING

Making healthy food choices doesn’t have to be overwhelming. These tips will get you on your way.

1. **Cook at home more often.** Cooking at home makes it easier to avoid processed foods. It can be as simple as scrambled eggs, whole grain toast, tomato and cucumber slices.

2. **How you eat is as important as what you eat.** Enjoy mealtimes and the food you eat! Don’t multitask. Avoid distractions like your computer or TV while you eat. Sit down and enjoy a meal at the table. If you live with others, make family dinner a priority.

3. **Listen to your body.** Eat when you’re hungry and stop when you feel satisfied.

4. **Eat at regular times.** Eat breakfast within 1 to 2 hours after waking up. Don’t wait too long between your meals. It’s harder to make healthy choices when you’re hungry.

5. **Plan healthy snacks.** Try whole grain crackers and peanut butter or hummus, a piece of fruit and a few unsalted nuts, or frozen berries and plain yogurt.

6. **Eat a variety of vegetables and fruit at every meal.** Enjoy brightly coloured whole vegetables and fruit. Fresh or frozen, try them in different ways—raw, roasted, or sautéed.

7. **Eat whole grains more often.** Switch to brown rice, whole wheat pasta, dark rye bread or oatmeal. Try something new in your soup, salad or casserole like quinoa, bulgur or barley.

8. **Eat fish at least twice a week.** Trout, salmon, tuna and sardines are some tasty options. Try fresh frozen or canned.

9. **Include legumes like beans, chickpeas, lentils, nuts and seeds more often.** Add them to salads, soups and grain dishes such as rice, quinoa or couscous. Legumes can replace meat in your meals. Try a vegetarian chili.

10. **Don’t be afraid of fat.** You need fat for good health and it adds flavour to your cooking. Use plant-based fats such as olive or canola oil.
HEART INSTITUTE PATIENT ALUMNI

WE CAN HELP. WE’VE BEEN THERE.

The Patient Alumni are a diverse community of current and former University of Ottawa Heart Institute patients and their families, friends and caregivers. We gratefully support the Institute by sharing information on advancements in the prevention and treatment of heart disease and by designating funds for projects and services that improve patient comfort and care.

By joining the Alumni, you will become part of a very unique community!

The Heart Institute is the only hospital in Canada that has formed an alumni group to stay in contact with discharged patients and their families. For over 40 years, the Heart Institute has delivered world-class care to thousands of patients. As Alumni members, we wish to stay in touch, stay informed, and contribute to the Institute’s quality of care and future success.

WHY JOIN THE ALUMNI?

Alumni membership is free of charge, thanks to the partnership and financial support of the Heart Institute and its fundraising Foundation.

As an Alumni member, you’ll get up-to-date information through our:

- e-letters
- Websites
- Lectures, courses and special events

By joining, you will also be able to share information and experiences with other Alumni members through our unique private social networking site, at http://community.ottawaheart.ca

For more information and access to free membership, visit our website, ottawaheartalumni.ca

Or contact us at:
Email: alumni@ottawaheart.ca
Telephone: 613-696-7241

UNIVERSITY OF OTTAWA HEART INSTITUTE
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DE L’UNIVERSITÉ D’OTTAWA

PATIENT ALUMNI
ASSOCIATION DES ANCIENS PATIENTS